

VS FORM 10-4 INSTRUCTIONS

GENERAL INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each species, disease, and owner. Exception: TB may be requested along with any other disease test.

Contact the Receiving department of the laboratory to which you are sending specimens with specific documentation or shipping questions.

For any block of information that is not applicable to specimens submitted, enter NONE.

PAGE

If including more than one page, include the page number of total pages submitted (e.g., 1 of 3).

1.NAME OF SUBMITTER, MAILING ADDRESS AND PHONE/FAX NUMBER

Enter the submitter's last name, first name, middle initial and complete mailing address.

Enter the area code and phone number for the person submitting this form. Also, enter the fax area code and phone number.

2. NAME OF OWNER

Enter the last name, first name, and middle initial of the animal owner, the city and the two-letter abbreviation of the state in which the owner resides. **Ensure the animal owner is identified here and not the property manager or veterinarian.**

3. LOCATION OF THE ANIMALS

Include the county, parish or other designated location of the animals and the two-letter state abbreviation.

4. PAYMENT METHOD AND EXP DATE

Check the appropriate block. If payment is by user account or credit card, enter the account number. Enter the credit card expiration month and two-digit year when using a credit card.

Refer to the User Fee Guidelines located on the NVSL home web site for specific test fees. DO NOT SEND CASH.

5. HERD/FLOCK SIZE

Enter the total number of animals in the herd/flock in numerical format.

6. NO. IN HERD/FLOCK AFFECTED

Enter in numerical format, the total number of animals in direct contact with suspect **animal or showing clinical signs.**

7. NO IN HERD/FLOCK DEAD

Enter the total number of animals from this flock that are dead in numerical format.

8. EXAMINATIONS REQUESTED

For disease programs, enter the program name only (e.g., CWD, Scrapie, or BSE). You may request a TB test along with any disease program test. If the test is not for a disease program, specify the name of the test desired.

9. COLLECTED BY

Enter the last name, first name, and middle initial of the person collecting the specimen(s).

10. DATE COLLECTED

Enter the date on which specimen were collected. Use the format DD/MM/YYYY.

11. AUTHORIZED BY

Enter the name of the person authorizing the submission of this sample. Normally, this is the Area Veterinarian in Charge (AVIC) in your state. Authorization is assumed for regulatory veterinarians making routine program specimen submissions. Select the link below to locate the AVIC in your local area.

If an exotic disease is suspected, contact the AVIC and the Emergency Programs staff to obtain authorization to submit samples for FAD testing and an investigation control number that must be included with the submission. **DO NOT ship any such specimens until approval is received and a control number is assigned.** The receipt of an unauthorized shipment of specimens containing exotic disease agents can cause substantial disruption of work at the laboratory and result in possible fines for the submitter.

12. PURPOSE OF SUBMISSION

Check all blocks that apply. Definitions of Diagnostic Case Categories are as follows:

General Diagnostic Case - Tests conducted for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition.

FAD/EP Diagnostic Case - Tests conducted for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the United States. If a foreign animal disease is suspected, follow instructions in Block 11 for authorization to submit a FAD specimen.

NVSL Intralab Diagnostic Case - Tests conducted are for the purpose of diagnosing or confirming a disease condition, analyzing environmental products that may be contributing to a disease condition or for analyzing chemical products for another laboratory of NVSL.

Surveillance/Monitor Case - Tests conducted are for monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal poultry facilities.

Developmental/Research Case - Tests conducted are for the purpose of supporting a developmental or research project conducted by another laboratory of NVSL, by staff or field personnel of VS or by other laboratories, institutions, or agencies.

Reagent Evaluation Case - Tests conducted are the purpose of evaluating a reagent produced by another laboratory of NVSL or by other laboratories, institutions, or agencies.

Import Case - Tests conducted are for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the United States.

Note: If the sample is pre-import, the purpose of submission is General Diagnostic. Use Import only when the animal or product is actually being moved.

Export Case - Tests conducted are for the purpose of qualifying animals or poultry, including

wild animals and birds, or animal or poultry products for export to a foreign country.

TB - Tests conducted for diagnosing Tuberculosis.

Interstate Movement - Tests conducted are for the purpose of qualifying live animals or poultry for interstate movement.

13. COUNTRY OF ORIGIN/DESTINATION

Enter the country in which the animals were born. For export only, enter the country to which the animals will be shipped.

14. REFERRAL NUMBER

This number is assigned by the submitter and is used to refer back to their files. If the submitter does not have a referral number format, this format can be used: two-digit year, two-letter state abbreviation, and the collector's initials (e.g., 05VAKJ).

15. PRESERVATION

Check all blocks that apply.

16. SPECIMENS SUBMITTED

Check all blocks that apply.

17. TOTAL NUMBER OF SPECIMENS SUBMITTED

Enter the total number of specimens submitted in numerical format. Note: Specimens in one container are counted as one sample.

18. SPECIES OR SOURCE

Check only one block. If specimens are from different species or sources, use a separate VS Form 10-4 for each source. Reminder: You must also include the animal BREED in Block 20.

19. NUMBER OF ANIMALS SAMPLED

Enter in numerical format, the total number of animals sampled.

20. IDENTIFICATION

Sample ID: Identify samples with consecutive numbers. Ensure the sample identification number here matches the sample identification number placed on the specimen.

Animal ID/Breed: Record the animal's national identification tag number adjacent to the appropriate sample number. If there is no national animal ID, record the most appropriate identification number (or name). Note: Laboratory results will be reported by animal identification number. Enter the animal breed (e.g., white tailed deer, red tailed deer, or mule deer) beside the animal identification number. If both the animal identification and breed will not fit in the space provided, enter breed information in Block 21, Additional Data.

Age: Indicate the approximate age in years (y), months (m), weeks (w), or days (d).

Sex: Indicate the sex, male (M), or female (F) for each animal.

21. ADDITIONAL DATA

Enter all pertinent information about the animals and premises that can assist the lab in making a diagnosis.

- Identify the specimens you are including (e.g., lymph nodes, obex, brain)
- Specify clinical signs (e.g., weight loss, hair missing)
- If meat is being retained pending specimen results, enter **RETAINED**
- Add related case submission numbers to assist in trace activities.
- Include animal identification or breed information that could not be entered in Section 20, Identification.

SIGNATURE OF SUBMITTER AND DATE

The individual submitting the specimen(s) must sign and date the form.

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Enter the number for this page out of the total number of pages submitted (e.g. 2 of 3).

Name of Owner/Broker

Enter the last name, first name, and middle initial of the animal owner from VS Form 10-4, block 2.

Referral Number

Enter the referral number from VS Form 10-4, block 14.

Identification

Continue the specimen numbering sequence started on VS 10-4, block 20. Enter the national animal ID, breed age, and sex of each animal sampled. If more than 48 specimens are submitted, use additional VS forms 10-4a as required.